

**CALIFORNIA EMERGENCY MANAGEMENT AGENCY (Cal EMA)**

**PROGRAM:** ADA Program - 2009

**PERFORMANCE ASSESSMENT / SITE VISIT REPORT**

1. **GRANT AWARD NUMBER:** DC090380      **DATE OF SITE VISIT:** June 30, 2010
2. **GRANT PERIOD:** 7/31/09 through 6/30/10
3. **RECIPIENT/IMPLEMENTING AGENCY:**  
Department of Children, Youth and Their Families
4. **PROJECT DIRECTOR:**  
Diana Olivia-Aroche

**PERSONS INTERVIEWED DURING SITE VISIT:**

<u>NAME</u>	<u>TITLE</u>	<u>AGENCY</u>
	Fiscal Analyst	DCYF
	Sr. Planner/Policy Analyst	DCYF
Diana Olivia-Aroche	Planning and Policy Mgr.	DCYF
	Director	DCYF

On File			
Signature of Program Specialist	Date	Signature of Section Chief	Date

On File	
Signature of Project Representative	Date

2010 ADA Program, San Francisco Site Visit Report

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW

#### 1. OPERATIONAL DOCUMENTS

YES NO N/A

Review hard copy/verify the ability to access on line:

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| • The Cal EMA Recipient Handbook (R.H.)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The Approved Grant Award Agreement   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The RFA/RFP (supersedes the requirement of the R.H.)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The Program Guidelines (supersedes the requirement of the R.H.)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the project familiar with Office of Management and Budget, OMB Circulars which govern your organization? Circulars may be found at <a href="http://www.whitehouse.gov/omb/circulars">www.whitehouse.gov/omb/circulars</a> . | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

Recipient made all relevant documents available for review - No Program Guidelines

#### 2. FIDELTY BOND CERTIFICATE - COMMUNITY BASED ORGANIZATIONS (CBO) & AMERICAN INDIAN ORGANIZATIONS ONLY

- |   |                          |                          |                                     |
|---|--------------------------|--------------------------|-------------------------------------|
| • Obtain copy of required Fidelity Bond Certificate? [R.H. Section 2161] Does <u>not</u> apply to state, city, or county units of government. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Does the certificate show:  |                          |                          |                                     |
| ○ Bonding company's name  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Bond number   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Description of coverage   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Amount of coverage (50% of allocation)  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Bond period   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Grant award number  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Form A, Employee Dishonesty   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Form B, Forgery Coverage  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Is the State of California, California Emergency Management Agency named on the bond as the beneficiary?                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Comments:

#### 3. ENVIRONMENTAL IMPACT – CEQA COMPLIANCE (R.H. Section 2153)

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| • Does the project have its CEQA documentation on file?(Ask to view)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Certified Exempt   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Recipient has adopted or certified an environmental document which complies with the requirements of CEQA. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

Provided appropriate documentation for review.

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

#### 4. PROOF OF AUTHORITY (R.H. Section 1350)

	YES	NO	N/A
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- Does the project have a written authorization/resolution on file as required by the Grant Award Agreement? (Ask for copy)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

Recipient provided document for review.

#### 5. ORGANIZATIONAL CHART

- Review the organizational chart. Are all budgeted positions identified?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

No changes to the original org. chart submitted in the application.

#### 6. Cal EMA MODIFICATION (Cal EMA 2-223)

- Review the purpose/preparation of Grant Award Modification Request (Cal EMA 2-223). [R. H. Section 7500] (*Instruct project staff on the procedure to obtain the most recent forms from Cal EMA's website.*)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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A modification is needed for the following:

- ☐ Budget changes
- ☐ Change in key personnel
- ☐ Adding/changing additional signers
- ☐ Change goals/objectives, or activities
- ☐ Address change
- ☐ Other

Comments:

No modification needed at this time.

#### 7. PERSONNEL POLICIES

- Does the project staff have access to written personnel policies as required? [R. H. Section 2130]
- Do the personnel policies include:
  - Work hours
  - Compensation rates including overtime and benefits
  - Vacation, sick, and other leave allowances
  - Hiring and promotional policies

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

- Do the personnel files include:
    - Staff note: Complete a sample review of a personnel file
    - Job application
    - Resume
    - Performance evaluations
    - Salary rates
    - Benefits
    - Current job duties/descriptions
    - Other terms of employment
  - Does the project have a current Drug Free Workplace policy statement on file signed by the employee? [R. H. Section 2152]
  - Did the Board approve the agency's existing personnel policy?
- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
|  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

#### 8. FUNCTIONAL TIMESHEETS

- Does the project use functional timesheets for each grant funded position less than 1 FTE? OR Time Study Allocation plan updated within the last 2 years? [R. H. Section 11331]
  - Are timesheets (paid staff & volunteer) signed by staff & approved by supervisor? (Review timesheets to ensure signatures of staff and supervisor.)
- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
|  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

#### 9. DUTIES OF FINANCIAL OFFICER AND BOOKKEEPER

- Are the duties of the financial officer and the bookkeeper separate to ensure no one person has complete authority over a financial transaction?
    - Name of individual who approves purchases.  
n/a
    - Name of individual who writes checks.  
n/a
    - Name of individual(s) who signs checks.  
n/a
- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
|  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

Comments:

Please see the Comments section at the end of this report.

6/15/2010

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

#### 10. SOURCE DOCUMENTATION-Fiscal [R. H. Section 11000]

	YES	NO	N/A
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- |  |                                     |                          |                                     |
|--|-------------------------------------|--------------------------|-------------------------------------|
| • Does the project maintain a record-keeping system which accurately supports costs claimed on Report of Expenditure and Request for Funds (Cal EMA Form 2-201)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Does the project maintain an accurate inventory log of equipment purchased with grant funds?   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Comments:

No equipment has been purchased nor earmarked to be purchased with these funds.

#### 11. PROJECT EXPENDITURES

- |  |                                     |                                     |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|
| • Is the project's expenditure rate commensurate with the elapsed period of the grant?                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Are the project's expenditures being made in accordance with the terms of the Grant Award Agreement? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Does the project need to submit a Grant Award Modification Request (Cal EMA Form 2-223)?             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Is the project up-to-date with the submission of Cal EMA Form 2-201?                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

Comments:

#### 12. MATCH REQUIREMENTS

- |  |                          |                                     |                                     |
|--|--------------------------|-------------------------------------|-------------------------------------|
| • Does the project have a match requirement?                                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| • Is the project meeting the match requirement?                              | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| • Review the supporting documentation to substantiate cash or in-kind match. | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

Comments:

#### 13. EEO POLICY

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| • Go over EEO checklist. (Separate document) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

Comments:

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

#### GENERAL

YES NO N/A

#### 14. PROGRAM GOALS AND OBJECTIVES

- Review the goals and objectives of the program and the programmatic requirements of the Grant Award Agreement. Is the project meeting the program's goals and objectives?
- Does the project need to submit Cal EMA Form 2-223 to modify grant objectives?

☒ ☐ ☐

☐ ☒ ☐

Comments:

Recipient fully aware of EEO requirements.

#### 15. PROGRESS REPORT

- Discuss and review the programmatic Progress Report requirements.

☒ ☐ ☐

Comments:

Recipient fully aware of all reporting requirements.

#### 16. SOURCE DOCUMENTATION-Programmatic

- Is the project maintaining a record keeping and data collection process that which accurately supports the project's reported data on the Progress Report form?
- Review the project's file system and data collection process.

☒ ☐ ☐

Comments:

Each participating component of the grant, both programmatic/fiscal, tracks their own stats and then submits on a quarterly basis into a report template, then that documentation is inserted into the appropriate reporting format.

#### 17. OPERATIONAL AGREEMENTS

- Does the project have current Operational Agreements as required by the Grant Award Agreement?

☒ ☐ ☐

Comments:

No changes have been made to the OA originally supplied in the application.

#### 18. PROJECT STAFF DUTIES

- Interview project staff and discuss their duties and the relationship to the grant. Are employees performing duties as stated in the Grant Award Agreement?

☒ ☐ ☐

Comments:

Discussed duties with the staff present. Each are performing the duties as stated in the application.



## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION II - SUPPLEMENTAL PROGRAMMATIC REVIEW & ADDITIONAL COMMENTS

#### *Drug Enforcement Section*

#### *Anti-Drug Abuse (ADA) Enforcement Team Program*

#### *California Multi-Jurisdictional Methamphetamine (Cal-MMET) Enforcement Treatment Program*

- |   | YES                      | NO                       | N/A                                 |
|---|--------------------------|--------------------------|-------------------------------------|
| 1. If asset forfeiture funds are received and/or expended, are project income reporting forms completed and mailed to Cal EMA on a quarterly basis? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Comments:

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- |   |                          |                                     |                          |
|---|--------------------------|-------------------------------------|--------------------------|
| 2. Does the project have staff assigned to more than one Cal EMA funded project? If yes, please explain (attach additional pages as necessary). | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|-------------------------------------|--------------------------|

Comments:

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- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| 3. Does the project track the percentage of time staff spends on non-project related duties? If no, please provide recommendations made to the project (attach additional pages as necessary). | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

Comments:

All positions report time worked on functional time sheets.

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- |   |                          |                                     |                          |
|---|--------------------------|-------------------------------------|--------------------------|
| 4. Does the project maintain confidential funds? If yes, please describe policies (attach additional pages as necessary). | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|-------------------------------------|--------------------------|

Comments:

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- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 5. Have all grant-funded positions been filled? If no, please explain (attach additional pages as necessary). | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

Comments:

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- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 6. Does the project have on-file the following documentation supporting the:  |                                     |                          |                          |
| o Signed DEC Protocol MOU   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o Copy of "project specific" duty statement, rather than a copy of the local agency job classification/position duty statement or description | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o ADA Steering Committee minutes signed by all required participants  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o Copy of all approved Grant Award Modifications/Amendments   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

Recipient provided all documents for review.

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## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

7. Is the Task Force a combined ADA/Cal-MMET Team?

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If yes, please describe how the task force ensures the statistics are not double reported on the ADA or Cal-MMET progress reports.

Comments:

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## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION III- AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009 (ARRA) PROGRAMMATIC REVIEW

#### *Drug Enforcement Section*

#### *Anti-Drug Abuse (ADA) Enforcement Team Recovery Act Program*

#### *California Multi-Jurisdictional Methamphetamine Enforcement Team (Cal-MMET) Recovery Act Program*

- |  | <u>YES</u>               | <u>NO</u>                | <u>N/A</u>                          |
|--|--------------------------|--------------------------|-------------------------------------|
| 1. Is the project aware that they must provide Cal EMA with a <u>valid</u> Data Universal Numbering System (DUNS) Number for the implementing agency and not the County's DUNS number? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Comments:

- 
2. Is the project aware of the Central Contractor Registry (CCR) requirements?

- Register with a valid DUNS number; and
- Renew CCR registration yearly for the life of the grant.

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments:

- 
3. Does the project understand that they report Section 1512(c) information to Cal EMA and not to FederalReporting.gov directly?
- Report the total number of hours worked for each ARRA funded position on the Jobs Data Collection Sheet; and
  - Completed Jobs Data Collection Sheets are due to Cal EMA by the 3<sup>rd</sup> working day of each month for JAG funded programs and by the 10<sup>th</sup> day of the each month for VOCA or VAWA funded programs.
  - Failure to submit Jobs Data by the due date could result in the project's award being suspended and/or revoked.

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments:

- 
4. Does the project understand that by accepting the grant award, they agreed to:

- Track, account for, and report on all ARRA funds (including specific outcomes and benefits attributable to Recovery Act funds) separately from all other funds, including Cal EMA award funds from non-ARRA awards awarded for the same or similar purposes or programs. (ARRA funds may be used in conjunction with other funding as necessary to complete projects, but tracking and reporting of ARRA funds must be separate.); and
- Accounting systems must ensure that ARRA funds are not commingled with funds from any other source.

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments:

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

5. Is the project familiar with Office of Management and Budget, OMB Circulars which govern their organization? Circulars may be found at [www.whitehouse.gov/omb/circulars](http://www.whitehouse.gov/omb/circulars). ☐ ☐ ☒

Comments:

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6. Is the project aware that potential fraud, waste, or abuse must be promptly referred to the federal Department of Justice, Office of the Inspector General? Additional information is available from the DOJ OIG website at [www.usdoj.gov/oig](http://www.usdoj.gov/oig). ☐ ☐ ☒

Comments:

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7. Is the project aware that ARRA funds cannot be used by any State or local government, or any private entity, for construction costs or any other support of any casino or other gambling establishment, aquarium, zoo, golf course, or swimming pool. ☐ ☐ ☒

Comments:

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8. Does the project understand that by accepting the grant award, they:
- ☐ ☐ ☒ ☐ ☐ ☒ ☐ ☐ ☒  
o Agreed to provide Cal EMA, federal DOJ (including OJP and the Office of the Inspector General (OIG)), and its representatives, and the Government Accountability Office (GAO), access to and the right to examine all records (including, but not limited to, books, papers, and documents) related to ARRA funds, including such records of any subrecipient, contractor, or subcontractor; and
  - ☐ ☐ ☒  
o Acknowledges that Cal EMA, federal DOJ and the GAO are authorized to interview any officer or employee of the recipient (or of any subrecipient, contractor, or subcontractor) regarding transactions related to this Recovery Act award.

Comments:

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9. Is the project aware of the Performance Measures and reporting timeline for ARRA funded programs:
- ☐ ☐ ☒  
o Reporting of Performance Measures will be accomplished using BJA's Performance Measurement Tool (PMT);
  - ☐ ☐ ☒  
o PMT reports must be completed on a quarterly basis (i.e., July 15, October 15, January 15, and April 15) for the life of the grant; and
  - ☐ ☐ ☒  
o Failure to submit PMT reports by the due date could result in the project's award being suspended and/or revoked.

***(Specific to Recovery JAG funded programs only).***

Comments:

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## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

10. For existing staff positions, does the project have documentation that the position would have been eliminated if not for Recovery Act funding?

Documentation may include:

- |  |                          |                          |                                     |
|--|--------------------------|--------------------------|-------------------------------------|
| ○ Budget comparisons and/or projections before and after the Recovery Act award date | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Formal layoff recommendations and retractions (memos, reports)                     | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Comments:

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### SECTION IV - ADDITIONAL COMMENTS:

#### NOTES:

This project is extremely well run.

#### 9. DUTIES OF FINANCIAL OFFICER AND BOOKKEEPER

Are the duties of the financial officer and the bookkeeper separate to ensure no one person has complete authority over a financial transaction?

Ambi serves as the fiscal analyst for the grant and is responsible for processing all grant-related financial transactions in the City's financial system (FAMIS), including recording receipt of quarterly reimbursement checks received from Cal EMA Accounting. As an internal control, and as required by the City Controller, all financial transactions initiated by one individual, must be reviewed and approved in FAMIS by another. At DCYF, all of Ambi's financial transactions are reviewed and approved by either the departmental Fiscal Manager or, in some cases, the Budget Director. As reflected in the grant budget, all State ADA funds received by the City are used to fund salary and personnel costs for DET partners. As such, DCYF fiscal staff do not perform any of the functions listed below.

Name of individual who approves purchases. N/A

Name of individual who writes checks. N/A

Name of individual(s) who signs checks. N/A